

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011875

State File No.

FILED APR 6 1959

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 643

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) Lemay | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 7 Days | | e. STREET ADDRESS (If rural, give location) 528 Fassen St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. St. Rose Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Clemens b. (Middle) A. Nulsen c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) 3-7-1959 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 3-6-1880 |
| 9. AGE (In years last birthday) 78 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Conductor | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Clemens Nulsen | |
| 14. MOTHER'S MAIDEN NAME Clara Spitznass | | 15. NAME OF HUSBAND OR WIFE Jessie E. Clemens | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | | 17. SOCIAL SECURITY NO. 7-9 12 4-91 | |
| 18. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie E. Nulsen | | ADDRESS 528 Fassen St. | |
| 19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis | | | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 002 X | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 2-28 , 1959, to 3-7- , 1959, that I last saw the deceased alive on 3-5- , 1959, and that death occurred at 7:55 Pm. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Paul Murphy M.D. (Degree or title) | | 23b. ADDRESS 508 North Grand Blvd. | |
| 23c. DATE SIGNED 3-9-59 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | |
| 24b. DATE March 11, 1959 | | 24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory | |
| 24d. LOCATION (City, town, or county) (State) 3211 Sublette ave. | | 25. FUNERAL DIRECTOR'S SIGNATURE HOFFMEISTER ADDRESS 7814 So Broadway | |
| DATE REC'D BY LOCAL REG. 3-11-59 | | REGISTRAR'S SIGNATURE John C. Murphy | |

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John S. Dennehy
Licensed Embalmer No. *419*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.